

Placer County Health and Human Services Department

SECTION C

CATERER OPERATIONAL PROCEDURES

Owner's Name	9:	Business Name:	
Type of Service:	(Check all that apply) Delivery only	Delivery + set up	☐ Full service from start to finish
Attach a copy of	the menu.		
»Are any foods p If yes, provide CFO Na	provided by a Cottage Food Operation (CFO)? (Circle one) Yes	or No
If yes, contact the Cali	sed foods manufactured, packed, or he fornia Department of Public Health Food and Drug E irements. Verification from CDPH FDB in writing wi	Branch (CDPH FDB) for pos	ssible Processed Food Registration (PFR) and/or
»How and where	e will food and supplies be stored?		
Always provide corre	er used: (Check one) 100ppm Chlorine (ect test strips during operation. o include thawing and/or cooling? Yes of	_	
»Does food prep	include <u>cooking and/or barbequing</u> ?		<u>-</u>
»Does food prep	include reheating? Yes or No. If yes pla	ease describe proces	SS
»How are you tr	ansporting PHFs and holding at proper	temperatures (≤41	°F and ≥135°F)?
»List equipment	and utensils that will be used (cold an	d hot holding, buffe	t, etc.)
	rving the food or buffet style by custom customers coughing, sneezing?		
(Check all)	☐ I have read and understand the handout defin☐ I have read and understand the Catering Guie☐ I have read and understand the Steps to Obta☐ I certify that all foods used are from approved (unless it is an approved CFO facility). Foods will contamination and foods will be held at proper t☐ All food staff will have required Food Safety C☐ I agree that the above information is true and☐ I will notify Environmental Health as to any cl	deline handout. In a Catering Permit han sources and that no foods be stored, processed, and emperatures at all times. ertification or Food Handle that I will follow these pro	dout. will be stored or processed in a private home transported so as to be kept free from er Card as applicable.
Print Name:		Signature:	Date: